

SECTION VII - SUBSIDIARY FORMS AND PROCEDURES

1. **Seldom Used Forms**. Forms described in this section should be seldom used under interstate procedures because most claimants contact the Liable State directly and vice-versa. However, these forms should be used when the claimant requests assistance from the Agent State local office.

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2. Interstate Request for Reconsideration of Monetary Determination/Wage Credits, Form IB-14 (8 1/2" X 11" --white)
 - a. Face of Form

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b. Purpose. The Form IB-14 should be used by the claimant to request reconsideration of a monetary determination or wage credit transfer on a combined wage claim. This form should be used to provide information which the claimant believes was omitted or incorrectly stated in the monetary determination or wage transfer. When the claimant wants to appeal a monetary determination, Form IB-11 should be used.

c. Number of copies and distribution. The Form IB-14 will be prepared in quadruplicate. The original and one copy will be sent to the Liable State/transferring State, addressed to the State's Liable interstate unit or combined wage units, as appropriate, not to the Appeals Section. One copy will be given to the claimant and one copy is for the Agent State's record.

d. Preparation. All entries on the form must be legible; entries should be printed, if entries cannot be legibly written. Instructions below are for items which are not self-explanatory:

(1) Item 1, Name. Print full name as it appears on the initial claim. If the claimant uses any other name (including nicknames), enter this name(s) on second line.

(2) Item 2, Social Security Number. Enter the social security number reported on the Form IB-1 (or IB-4) to permit the Liable State to immediately locate the claim. If such number is incorrect, enter the correct number on the second line. Enter in Item 8 any other social security numbers used by the claimant during the base period.

(3) Item 4, Liable State. Enter the full name of the Liable State (do not abbreviate). If the claim is an interstate combined wage claim, enter the name of the paying State.

(4) Item 5, Transferring State. Enter the name of the transferring State (do not abbreviate) where wages are in dispute on a combined wage claim. If the filing State is not the paying State, complete both Items 5 and 6 and send this form to the paying State.

(5) Item 7, Request for reconsideration of monetary determination/wage credits. Enter the claimant's reason(s) for request.

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(6) Item 8, Employer wages. If the claimant does not agree with the amount of base period wages/weeks shown on the determination, enter the employer's name(s), total base period wages by quarter as asserted by the claimant, number of weeks employed, and dates of employment within the base period. Total wages should include those shown on the monetary determination or combined wage transfer.

(7) Item 9, Base period employment not listed on the determination or transfer. Enter the omitted employer's name(s), address(s) where claimant worked, payroll address(s) if different, dates of employment, and reason(s) for separation.

e. Information to claimant. The claimant should be informed that:

(1) The Liable State will issue a revised or amended monetary determination, an appealable nonmonetary determination, or process the IB-14 as an appeal.

(2) If the request for reconsideration is from a wage transfer, the transferring State will amend the wage transfer, issue an appealable determination, or process the IB-14 as an appeal.

(3) Original documents attached to Form IB-14 will be mailed to the claimant after examination by the Liable State, if a specific request is made on Form IB-14.

f. Action by Liable State. If no change is made in the monetary determination or wage transfer, the Form IB-14 should be processed as an appeal, if the Liable State's law and regulations permit such action; if they do not, the Liable State should promptly issue an appealable redetermination to the claimant.

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3. Interstate Change of Address, Form IB-16 (4 1/2" X 8 " - White)
 - a. Face of Form

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b. Purpose. The Form IB-16 is completed by the Agent State to report an interstate claimant's change of address and changes of Agent local office numbers and FIPS Codes. This form need not be completed with an initial claim.

c. Number of Copies. One copy is prepared and sent to the Liable State.

d. Preparation. The Agent State completes claimant's name, address, SSA number, zip code, date prepared, name of Liable State, local office number, Agent State FIPS Code and use local office address stamp in space provided. Items for State, County, and City of Residence should be completed if there is a change in the information previously submitted.